

**Town, City, Village, State or Federal
Permits May Also Be Required**

LAND USE - X
SANITARY -
SIGN -
SPECIAL - NA
CONDITIONAL -
BOA -

**BAYFIELD COUNTY
PERMIT**

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

No: 10122203-2022

Tax ID: 37083

**Issued To: ROBB J & MARY E JUNG REV
TRUST**

**Location: LOT 2 CSM #1903 IN V.11 Section 02 Township 43 N. Range 06 W. NAMAKAGON
P.173 (LOCATED IN GOVT LOTS 3 & 4)
TOG WIEASE IN 2022R-594927 (ROBB J
& MARY E JUNG REV TRUST DTD
06/02/2022)**

Govt Lot 0 Lot Block Subdivision: CSM# 1903

For: Residential / Detached Garage / 36L x 28W x 16H

**Condition(s): To meet all setbacks including eaves and overhangs. Not for human habitation. For personal storage only. Town/State/DNR
permits may be required.**

**NOTE: This permit expires one year from date of issuance if the authorized
construction work or land use has not begun.**

**Changes in plans or specifications shall not be made without
obtaining approval. This permit may be void or revoked if any of the
application information is found to have been misrepresented,
erroneous, or incomplete.**

This permit may be void or revoked if any performance conditions are

Mckenzie Slack

Authorized Issuing Official

Wed Nov 02 2022

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT, AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

COUNTY

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	22-0295
Date:	10-27-22
Amount Paid:	75-175
Other:	Spd A 175
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application **MUST** be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED	<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: SUSAN ABERNATHY TRUST ATTN: AIL DICKRELL	Mailing Address: 45175 CTY HWY D	City/State/Zip: CABLE WI 54821	Telephone: 715-794-2537				
Address of Property: 43255 CTY HWY D	City/State/Zip: CABLE WI 54821	Cell Phone:					
Email: (print clearly) DICKRELL@CHEQNET.NET							
Contractor:	Contractor Phone:	Plumber:	Plumber Phone:				
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Required (for Agent)				
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# 38196	Recorded Document: (Showing Ownership) 2019R-579947				
1/4, 1/4	Gov't Lot 44	Lot(s) 1	CSM 2101				
		Vol & Page 163-164	CSM Doc #				
		Lot(s) #	Block #				
Section 14, Township 43 N, Range 06 W	Town of: NAMAKAGON	Lot Size 205x200	Acreage 0.84				

<input checked="" type="checkbox"/> Shoreland	s Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: 20 NO STRUCTURE feet	Is your Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	Is Property/Land within 1000 feet of Lake, Pond or Flowage? If yes---continue →	Distance Structure is from Shoreline: 20 NO STRUCTURE feet		

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ 2000	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> *Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type:	
	<input type="checkbox"/> Relocate (existing bldg)			<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		<input type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
			<input type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use N/A	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
<input type="checkbox"/> Commercial Use N/A		with a Deck	(X)	
		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use N/A	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain)	(X)	
	<input type="checkbox"/>	Accessory Building (explain)	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	(X)	
	<input type="checkbox"/>	Special Use: (explain)	(X)	
	<input type="checkbox"/>	Conditional Use: (explain)	(X)	
	<input checked="" type="checkbox"/>	Other: (explain) REMOVAL OF OLD PARKING LOT	(X)	4,000 SQ FT

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Baila Dickrell
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 9/28/22

Authorized Agent: _____ (See Note below)
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: _____

Address to send permit: 45175 CTY HWY D CABLE, WI 54821

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Need Trust Paperwork on Dickrell

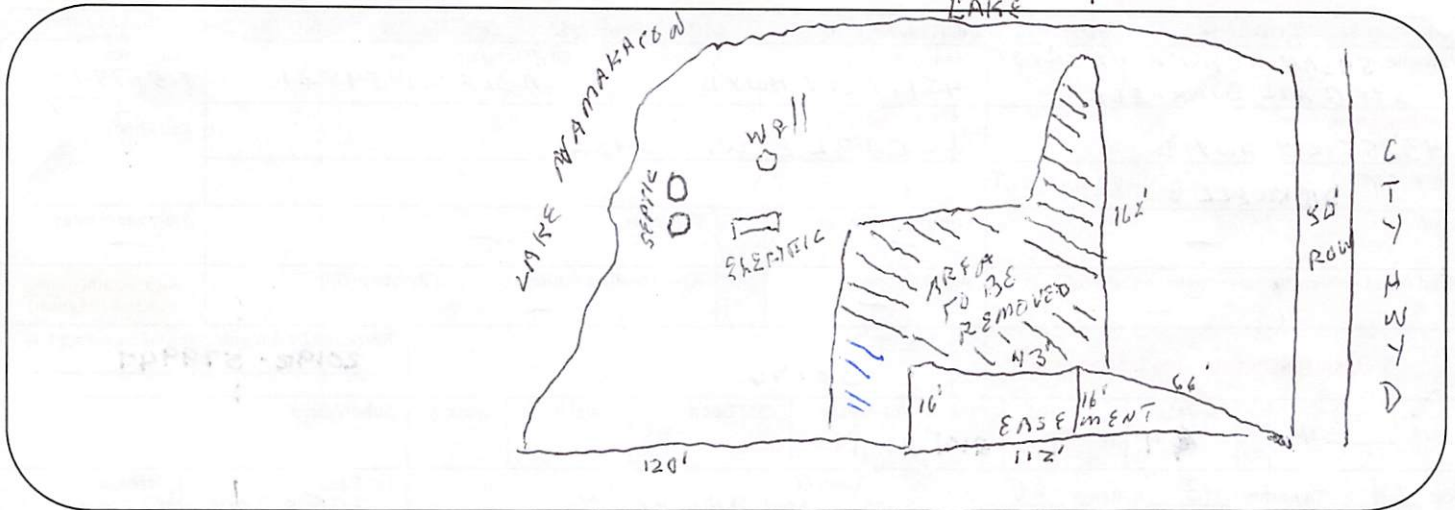
Turn Over

APPLICANT - PLEASE COMPLETE PLOT PLAN

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (* Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (* Well (W); (* Septic Tank (ST); (* Drain Field (DF); (* Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (* Lake; (* River; (* Stream/Creek; or (*) Pond
- (7) Show any (*): (* Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	50 Feet	Setback from the Lake (ordinary high-water mark)	20 Feet
Setback from the Established Right-of-Way	50 Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	20 Feet		
Setback from the South Lot Line	10 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	90 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	60 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 22-0295		Permit Date: 11-4-2022		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: Existing parking area.		Zoning District (22B) Lakes Classification (1)		
Date of Inspection: 10/18/22		Inspected by: ms		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.)				
Proper erosion control to remain onsite if needed. Town/stake/IDNR permits may be required.				
Signature of Inspector: Ma				Date of Approval: 10/19/22
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

TOWN BOARD RECOMMENDATION - - (CLASS A - SPECIAL USE)

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext

When Town Board has completed this form, please mail to:

Bayfield County Planning and Zoning Department
P.O. Box 58 – Washburn, WI 54891
Phone – (715) 373-6138
Fax – (715) 373-0114
e-mail: zoning@bayfieldcounty.wi.gov

Website:
www.bayfieldcounty.wi.gov

Date Zoning Received: (Stamp Here)

RECEIVED

OCT 17 2022

Bayfield Co.
Planning and Zoning Agency

ENTERED
10-17

Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 1/2 x 14) [front/back]. This is a Class A special use request. Note: The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

Property Owner SUSAN ABERNATHY TRUST
ATT GAIL DICKRELL Contractor —
Property Address 43255 CITY HWY D Authorized Agent —
CABLE, WI 54821 Agent's Telephone —
Telephone 715-794-2537 Written Authorization Attached: Yes () No (X)

Accurate Legal Description involved in this request (specify only the property involved with this application)

1/4 of 1/4, Section 14, Township 43 N., Range 86 W. Town of NAMAKAGON
Govt. Lot 4 Lot — Block — Subdivision — CSM# 2101
Volume 12 Page 163-164 of Deeds Tax I.D.# 38196 Acreage 0.84 AC

Additional Legal Description: —

Applicant: (State what you are asking for) Remove old IMPERVIOUS BLACKTOP PARKING LOT - Level Lot - RESEED
WITH GRASS SEED Zoning District: X Lakes Classification —

We, the Town Board, TOWN OF NAMAKAGON, do hereby recommend to

☐ Table

☒ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☒ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

GREAT IMPROVEMENT ON THIS PROPERTY

** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department not a copy or fax

** NOTE:

Receiving Town Board approval, does not allow the start of construction or business, you must first obtain your permit card(s) from the Planning and Zoning Department.

Revised: August 2018

u/forms/townboardrecommendation-ClassA

Signed:

Chairman: Robert Resmussen

Supervisor: James Taylor

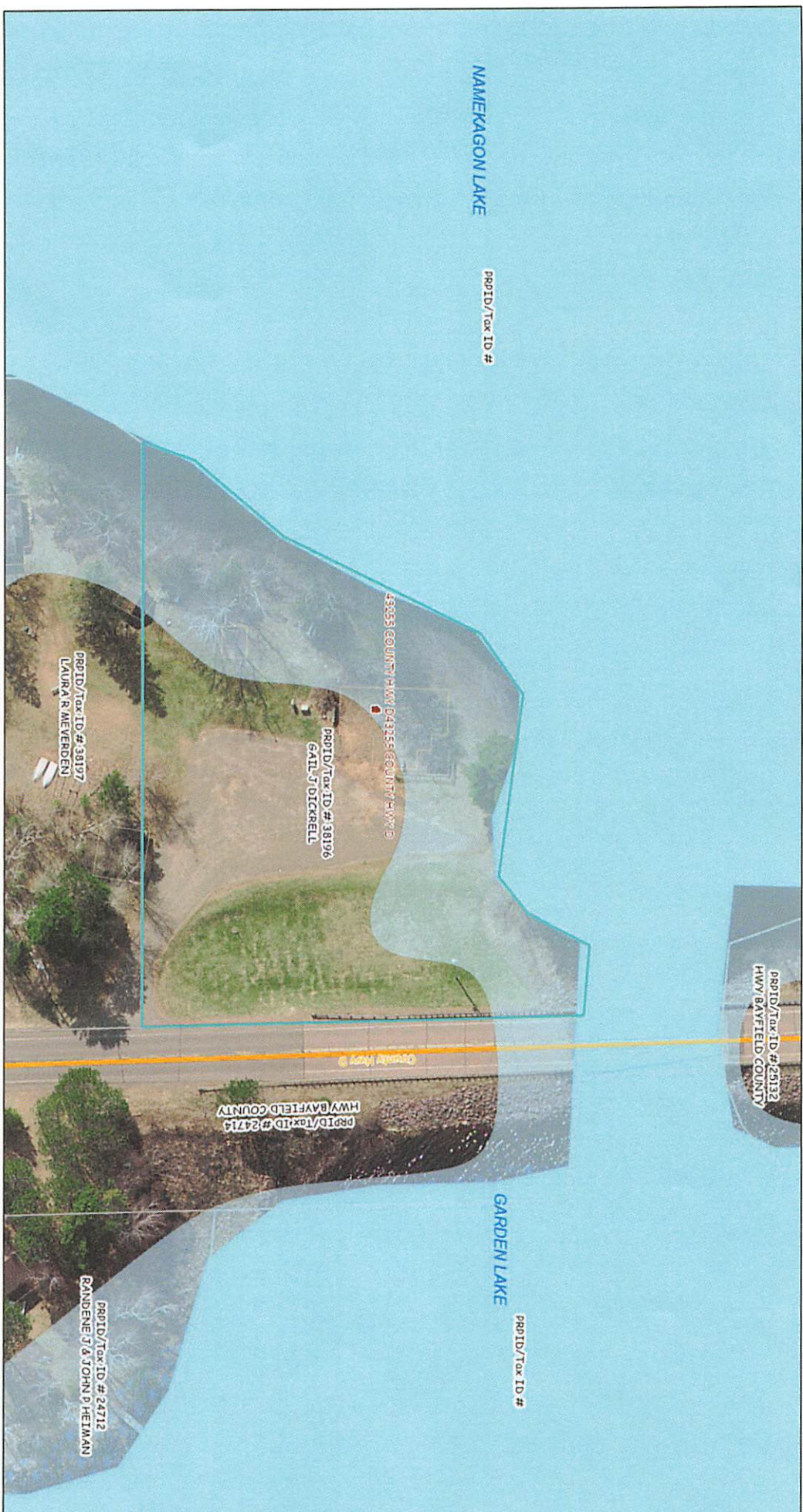
Supervisor: Mark Johnson

Supervisor: —

Clerk: —

Date: 10/12/2022

Bayfield County, WI



10/18/2022, 7:52:02 AM

Wetlands

Rivers

Lakes

Approximate Parcel Boundary

Road Type

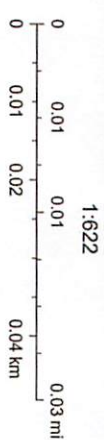
County

Flood Plain Boundaries Active Dec 16th, 2011

AE = Base floodplain where base flood elevations are provided.

Building Footprint 2015

Building



Bayfield County Land Records Department

BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. _____

A DIVISION OF LOT 1 OF CSM NO. 2077, RECORDED IN
VOL. 12 ON PAGES 163 - 164, DOC. NO. 2019R-576790,
LOCATED IN GOVERNMENT LOT 4 OF SECTION 14,
T. 43 N., R. 6 W., IN THE TOWN OF NAMAKAGON,
BAYFIELD COUNTY, WISCONSIN

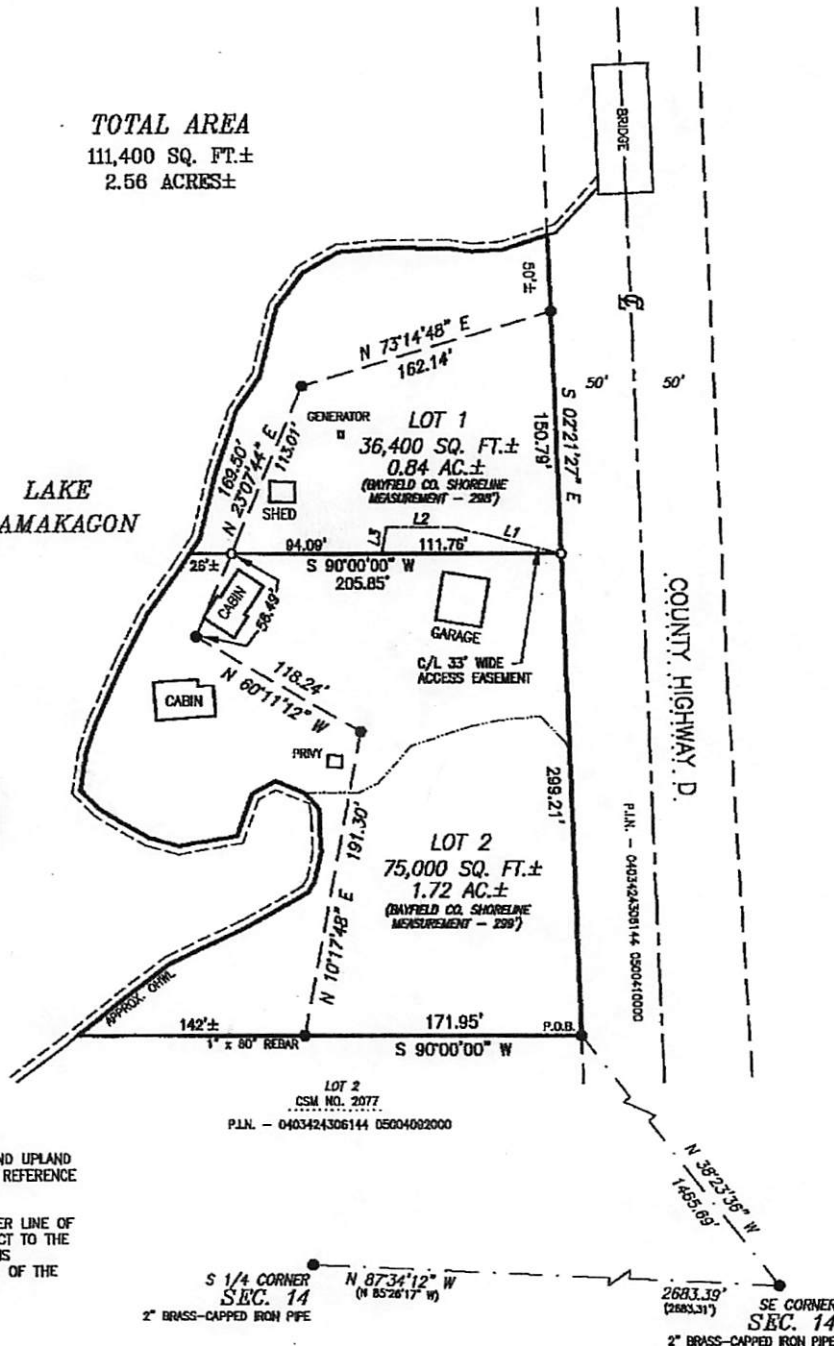


BEARINGS ARE BASED ON THE
SOUTH LINE OF THE SE 1/4 OF
SECTION 14, BEING N 87°34'12" W

TOTAL AREA
111,400 SQ. FT.±
2.56 ACRES±

LAKE
NAMAKAGON

LINE	BEARING	DISTANCE
L1	N 76°16'20" W	68.00'
L2	S 90°00'00" W	43.00'
L3	S 09°30'00" W	16.36'

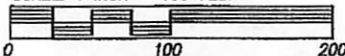


NOTE:

THE ORDINARY HIGH WATER LINE (OHWL) AND UPLAND AREAS SHOWN ARE APPROXIMATE AND FOR REFERENCE PURPOSES ONLY.

ANY LAND BELOW THE ORDINARY HIGH WATER LINE OF A LAKE OR A NAVIGABLE STREAM IS SUBJECT TO THE PUBLIC TRUST IN NAVIGABLE WATERS THAT IS ESTABLISHED UNDER ARTICLE IX, SECTION 1 OF THE STATE CONSTITUTION.

SCALE: 1 INCH = 100 FEET



LEGEND

- FOUND 1" IRON PIPE, UNLESS NOTED
- 1" x 18" IRON PIPE, SET THIS SURVEY
- WEIGHING 1.13 LBS/FT, UNLESS NOTED
- () RECORDED INFORMATION
- APPROX. EDGE OF UPLANDS
- PIPE DIMENSIONS ARE OUTSIDE DIAMETER

CLIENT: ANDERSON, E. SCALE: 1 INCH = 100 FEET
JOB NO.: N19/015 FILEN/143NR09/SEC14/
DRAFTED BY: P. NELSON PSDATA/N19_015
OCTOBER 10, 2019 ACAD/N19_015 ANDERSON
FIELD WORK COMPLETED: 10/15/19 NR. 418 PG. 5
SHEET 1 OF 2 SHEETS

**NELSON
SURVEYING
INCORPORATED**

SURVEYING YOUR NECK OF THE WOODS SINCE 1954

101 W. MAIN STREET
SUITE 100
ASHLAND, WISCONSIN 54806
(715) 682-2632
FAX: (715) 682-5100

MAP NO. CSM 7777 ©

Document Number

Document Name

____ ("Grantor," whether one or more),

— ("Grantee," whether one or more).

Recording Area

Gail J. Dickrell
45175 County Highway D
Cable, WI 54821

This IS NOT homestead property

Dated 11-15-2019

(SEAL)

* ERIC ROBERT ANDERSON

(SEAL)

AUTHENTICATION

Signature(s) _____

authenticated on _____

TITLE: MEMBER STATE BAR OF WISCONSIN

(If not, _____)

authorized by Wis. Stat. § 706.06)

THIS INSTRUMENT DRAFTED BY:

ATTORNEY MAX T. LINDSEY, SB#1112865

Dallenbach, Anich & Wickman, S.C., Ashland, WI 54806

ACKNOWLEDGMENT

STATE OF WISCONSIN

Bayfield COUNTY) ss.

Personally came before me on 11-15-2019
the above-named ERIC ROBERT ANDERSON

to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Notary Public, State of Wisconsin

My Commission (is permanent) (expires: 7-6-2020)

(Signatures may be authenticated or acknowledged. Both are not necessary.)

NOTE: THIS IS A STANDARD FORM. ANY MODIFICATIONS TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.

WARRANTY DEED

© 2003 STATE BAR OF WISCONSIN

FORM NO. 1-2003

* Type name below signatures.

Trust Certification

Commitment/File No. 12876-19

The undersigned ("Trustee") is/are the trustee(s) of the trust that proposes to enter into a transaction to convey or to mortgage real estate. The undersigned acknowledge(s) that the purchaser, lender and other parties entering into or participating in the transaction will rely on Trustee's representations in this Certification of Trust as authorized by Sec. 701.1013, Wis. Stats. The undersigned acknowledges that Title Insurance Company that issues title insurance policies will also rely on Trustee's representation in this Trust Certification.

The Trustee, being first duly sworn, depose(s) and states as follows:

1. Date. That the Gail J. Dickrell U/A Susan K. Abernathy Living Trust exists in its entirety and has not been amended.
2. Settlor. That Gail J. Dickrell is the Settlor(s), the person(s) who created or contributed property to the Trust.
3. Current Trustee. That the names and addresses of the current Trustee(s) are: Gail J. Dickrell
4. Powers of Trustee. The powers of the Trustee(s) include the power to enter into the transaction with the parties by execution and delivery of a deed and/or mortgage.
5. Revocability. That the Trust is revocable irrevocable (select one). If the Trust is revocable, Gail J. Dickrell holds the power to revoke the Trust, but that she/he/they has/have not revoked the Trust.
6. Authority to Sign. That the following Trustee(s) have the authority to execute the documents in order to exercise the powers of the Trust: (select only one)
 - a. There is only one current acting Trustee. GD (initial) Gail J. Dickrell
 - b. There is more than one current acting Trustee and the Trust provides that (identify the Trustee(s) must sign in order to exercise the powers of the Trust. (initial)
 - c. The undersigned are all of the current acting Trustees of the Trust and the Trust provides that all Trustees are required to sign in order to exercise powers under the Trust. (initial)
7. Indemnification. This Certification is made to induce Title Insurance Company to issue its Policy and Future Policies, and the undersigned acknowledges that Title Insurance Company intends to rely on it. I give this Certification to persuade Title Insurance Company to issue its policy or policies of title insurance. I agree to indemnify Title Insurance Company and hold Title Insurance Company harmless from and against any loss or damage caused by misrepresentations, inaccuracies and/or omissions in this Certification, plus any costs, expenses, damages or liability, including attorneys' fees, arising from the enforcement of this indemnification.

Dated this 15 day of Nov, 2019 (year).

Gail J. Dickrell U/A Susan K. Abernathy Living Trust

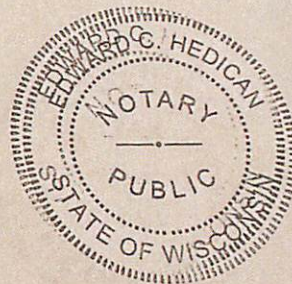
Gail J. Dickrell Trustee
Gail J. Dickrell, Trustee

Subscribed and sworn to before me this

15 day of Nov, 2019 (year).

Notary Public, Bu fied County, Wisconsin.

My commission (expires) (is permanent) 7-6-2020



43255 CTY HWY D

McKENZIE SLACK

OCT 11 730

TOWN OF NAMAKAGON TREASURER

ARLENE (COOKIE) SKULTETY

PO BOX 659

CABLE WI 54821

Phone: (715) 798-2501

E-Mail: treasnamakagon@cheqnet.net

**STATE OF WISCONSIN - BAYFIELD COUNTY
REAL ESTATE PROPERTY TAX BILL FOR 2021**

GAIL J DICKRELL
TOWN OF NAMAKAGON

PAYMENTS should reference: **Tax ID: 38196**

DOCUMENT RECORDING, or anything else should reference:

PIN: 04-034-2-43-06-14-4 05-004-09300

Alternate/Legacy ID:

Ownership: GAIL J DICKRELL

SUSAN K ABERNATHY LIVING TRUST

* 2 total owners

Important: Be sure this description covers your property. Note that this description is for tax bills only and may not be a full legal description. See reverse side for important information.

Property Description / Location of Property

Site Address: 43255 COUNTY HWY D

Description: Sec 14 Tn 43 Rg 06 LOT 1 CSM # 2101 LOCATED IN GOVT LOT 4 IN DOC 2019R-579947 TOG WITH EASE

SUSAN ABERNATHY TRUST

ATTN: GAIL DICKRELL

45175 COUNTY HWY D

CABLE WI 54821

Please include self-addressed, stamped envelope for return receipt.
Please inform your treasurer of any billing address changes.

Acreage: 0.840

Document: 2019R-579947

Assessed Value			Average Assessment Ratio	Net Assessed Value Rate (Does NOT reflect lottery or first dollar credit) 0.008864289	Real Estate Tax:	296.95
Land	Improved	Total			First Dollar Credit:	-0.00
\$33,500	\$0	\$33,500	0.96684		Lottery Credit:	-0.00
Estimated Fair Market Value			An "X" means unpaid prior year taxes. <input type="checkbox"/>	School taxes reduced by school levy tax credit. \$17.98	Net Real Estate Tax:	296.95
Land	Improved	Total			Total Due:	296.95
\$34,600	\$0	\$34,600			For full payment pay to TOWN OF NAMAKAGON treasurer by January 31, 2022	

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X (Shoreland/Floodplain)
SANITARY –
SIGN –
SPECIAL – (A) (Tn of Namakagon-10/17/2022)
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0295** Tax ID: **38196** Issued To: **Susan Abernathy Trust / Gail Dickrell**

Location: $\frac{1}{4}$ of $\frac{1}{4}$ Section **14** Township **43** N. Range **6** W. Town of **Namakagon**

Gov't Lot Lot **1** Block Subdivision CSM# **2101**
Located in Gov't Lot **4** in Doc **2019R-579947**

For: **[Shoreland Grading]:**

Remove old impervious Blacktop Parking Lot – Level Lot – Reseed with Grass Seed

(Disclaimer): Any future expansions or development would require additional permitting.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Condition(s): Proper erosion control to remain onsite if needed. Town/State/DNR permits may be required.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Mckenzie Slack, AZA

Authorized Issuing Official

November 4, 2022

Date